tax file number form



Complete all parts of this form by typing information or if writing use CAPITAL LETTERS. Scan and email all requirements to

hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136,

Parramatta NSW 2124. Check that you have signed and dated the form. Alternately, you can provide HESTA with your tax file number online by visiting **hesta.com.au/tfn**

We are authorised to collect your tax file number (TFN) under the *Superannuation Industry (Supervision) Act 1993 (SIS)*. Supplying your TFN is voluntary, and it is not an offence if you choose not to provide it.

We are required by law to take the necessary steps to properly safeguard your TFN, and our intention is to use it only for lawful superannuation purposes, including to facilitate the search for and consolidation of your superannuation accounts, by seeking information from the Australian Taxation Office (ATO) and/or a superannuation entity.* A record of your TFN will be made for ongoing taxation and superannuation purposes.

We may disclose your TFN to another superannuation provider if your benefits are transferred, unless you instruct us in writing not to disclose it to any other fund.

*Please note: Future legislation may result in changes to these purposes.

Why should I provide my TFN?

For more information about TFNs

Australian Taxation Office

- HESTA will be able to accept all permitted types of contributions to your account
- other than the tax that may ordinarily apply, you will not pay more tax than you need to — this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits, and
- it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Superannuation Infoline

(ATO)	13 10 20
	Tax file number enquiries 13 28 61
Australian Prudential Regulation Authority (APRA)	1300 558 849
Office of the Australian Information Commissioner	1300 363 992
1 Member details	
Member number:	
Date of birth:	
Title: Ms Mrs Miss	Mr
Given name/s:	
Family name:	

Street name Suburb State/Terr. Postcode Telephone number (home): Telephone number (work): Telephone number (mobile):	Postal address:
State/Terr. Postcode Telephone number (home): Telephone number (work): Telephone number (mobile):	PO Box/Unit number/Street number
State/Terr. Postcode Telephone number (home): Telephone number (work): Telephone number (mobile):	
State/Terr. Postcode Telephone number (home): Telephone number (work): Telephone number (mobile):	Street name
State/Terr. Postcode Telephone number (home): Telephone number (work): Telephone number (mobile):	
Telephone number (home): Telephone number (work): Telephone number (mobile):	Suburb
Telephone number (home): Telephone number (work): Telephone number (mobile):	
Telephone number (work): Telephone number (mobile):	State/Terr. Postcode
Telephone number (work): Telephone number (mobile):	
Telephone number (work): Telephone number (mobile):	Telephone number (home):
Telephone number (mobile):	
	Telephone number (work):
Email:	Telephone number (mobile):
Email:	
	Email:
By providing your email, you agree to receive electronic communication from us in the future of materials that might otherwise have been sent in paper.	

2 Tax file number notification

We are authorised by law to ask for your TFN. You do not have to provide it but if you don't, you may end up paying more tax than you need to. You must supply your TFN to enable your HESTA account to accept after-tax contributions.

My TFN is:					

You can also authorise us to use your TFN to help find your other super monies and consolidate any ATO held monies. I authorise the Trustee of HESTA to use my tax file number to search for my other superannuation monies using a facility provided by the Australian Taxation Office (ATO), and, to transfer any ATO held monies identified through a search to my HESTA account. This authorisation shall remain valid until revoked by me.

Yes	No	

3 Declaration

I certify that to the best of my knowledge, all information given on this form is true and correct. I agree to the use of my TFN for lawful superannuation purposes as described. I have read and understood the HESTA Privacy Collection Statement, and consent to the Trustee of HESTA collecting, using and disclosing my personal information.

Member's signature:

Date:			
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contact us